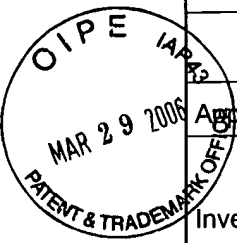
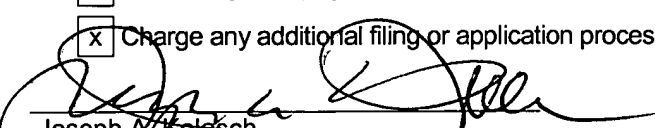


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| RESPONSE TRANSMITTAL LETTER | | | | Docket No. 0142-0447P | |
|--|---|---|-----------------------------------|------------------------------|------|
| Application No. 10/785,223-Conf. #1529 | | Filing Date February 25, 2004 | | Examiner J. M. Lebron | |
| Art Unit 2861 | | | | | |
| Applicant(s): Johannes P. OYEN | | | | | |
| Invention: PRINTING METHOD AND PRINTER WITH FAILURE COMPENSATION | | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 14 | - 20 = | 0 | x | |
| Independent Claims | 2 | - 3 = | 0 | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Joseph A. Kolasch Attorney Reg. No.: 22,463 | | | | Dated: <u>March 29, 2006</u> | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | | |



Docket No.: 0142-0447P
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Johannes P. OYEN

Application No.: 10/785,223

Confirmation No.: 1529

Filed: February 25, 2004

Art Unit: 2861

For: PRINTING METHOD AND PRINTER WITH
FAILURE COMPENSATION

Examiner: J. M. Lebron

REQUEST FOR RECONSIDERATION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

March 29, 2006

Sir:

INTRODUCTORY COMMENTS

In response to the Examiner's Office Action dated December 29, 2005, the following remarks are respectfully submitted in connection with the above-identified application.

Remarks/Arguments begin on page 2 of this paper.